



MONTHLY REPORT OF CIGARETTE WHOLESALER

FOR DEPARTMENT USE ONLY

0 0 0 / 1 2 / /
Account Number Tax Mo. Yr.

Name and Address of Wholesaler

Month of

License Number

INSTRUCTIONS: ● Complete all items for your residency status, since failure to do so renders this report unacceptable (residents complete all columns, nonresidents complete Unstamped Packages column and column (a)). ● Note requested information and certification on page 3 of this form. ● Attach remittance for the Cigarette Enforcement and Administration Fee computed due on line 15. ● Make check payable to **Kentucky State Treasurer**.

► **IMPORTANT:** This report shall include cigarettes in one size package. Different size packages require separate reports. Check applicable block for this report. Packages of cigarettes referred to in Section I must be of uniform size insofar as quantity of cigarettes per package is concerned.

Packages of: ☐ 20's ☐ 25's ☐ Other

SECTION I—Packages of Cigarettes

Summary of Transactions

1. Balance on hand first day of month
2. Total received during month (complete Schedule A)
3. Total (add lines 1 and 2)
4. Total stamped during month
5. Balance in columns
6. Packages sold (if tax-exempt, enter in Unstamped Packages) (complete Schedule C)
7. Packages returned to manufacturer
8. Balance on hand (line 5 minus lines 6 and 7)
- 8a. Actual inventory as of (explain any difference between 8 and 8a) ►

UNSTAMPED
PACKAGES

STAMPED PACKAGES

Kentucky

Other States
(enter name(s) below)

Total of
Stamped Packages

(a)

(b)

(c)

(d)
(a) + (b) + (c)

SECTION II—Stamp Reconciliation

9. Balance on hand first day of month
10. Total purchased during month
11. Total (add lines 9 and 10)
12. Total affixed during month (must agree with line 4)
13. Balance on hand (line 11 minus line 12)
- 13a. Actual inventory as of (explain any difference between 13 and 13a) ►

SECTION III—Cigarette Enforcement and Administration Fee

14. Total stamps affixed during month (must agree with lines 4 and 12)
15. Total fee due (line 14 of column (b) multiplied by \$0.001)

\$



AMOUNT DUE

► Complete each page and sign on page 3.



Attach check payable to **Kentucky State Treasurer** to this return and mail to **Kentucky Revenue Cabinet, Frankfort, Kentucky 40620** by the 20th day of the month following the month in which the cigarette transactions occurred.

SCHEDULE A—Packages of Cigarettes Received into Inventory

[illegible]

Separate sheets may be used in lieu of Schedule A and attached to the report. Any receipts with stamps affixed should be identified with the symbol "S."

➤

TOTAL

SCHEDULE B—Sales to Subjobbers

Name	Address

List names and addresses of all persons to whom Kentucky stamped cigarettes were sold on a "wholesaler to wholesaler" price basis during month. List any additional names on a separate sheet.

SCHEDULE C—Packages Sold to Tax-Exempt Agencies and Institutions

Name	Address	Number of Packages	
		20's	Other (specify)
If necessary, list additional names on separate sheet and attach to this form. Total must agree with amount shown in column (a) on line 6. ➤ TOTAL			

➤ **IMPORTANT:** ☐ I agree to allow the Kentucky Revenue Cabinet or the Attorney General to release to the manufacturer information which I have provided on page 4 of Revenue Form 73A420, Monthly Report of Cigarette Wholesaler, about cigarettes purchased from the manufacturer. I understand that this information might ultimately become part of an official court record if an enforcement action is taken against that manufacturer.



I, the undersigned, declare under penalties of perjury that I have examined this return, pages 1 through 4 and to the best of my knowledge and belief, it is true, correct and complete.

Print Name _____

Title or Position _____

Signature _____

Date _____

Telephone Number () _____

**WHOLESALE'S MONTHLY REPORT OF NONPARTICIPATING MANUFACTURER CIGARETTES
SOLD IN KENTUCKY**

WHOLESALE	CITY	LICENSE NUMBER	FOR MONTH/YEAR
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INSTRUCTIONS: KRS 131.600(10), effective June 30, 2000, directs the Kentucky Revenue Cabinet to ascertain the number of units (individual cigarettes) sold in the state each year by "Nonparticipating Manufacturers" (manufacturers and importers of cigarettes who did not sign the Master Settlement Agreement entered into on November 23, 1998, with this state).

List the nonparticipating manufacturer for each brand that was stamped and sold with a Kentucky cigarette stamp during the month. This should be done by all wholesalers. If the cigarettes were not purchased directly from the manufacturer, that information may be obtained from the carton or pack of cigarettes. If the cigarettes were received from another wholesaler who has already affixed the Kentucky cigarette stamp, do not list on this report. If you do not stamp any cigarettes during the month from a nonparticipating manufacturer, enter "NONE" in the boxes. Complete all boxes required.

A copy of all invoices covering these shipments to you should be attached to this report.

Brand Name	Name and Address of Seller From Whom Brand Was Purchased (If Different from Original Manufacturer)	Nonparticipating Manufacturer's Name and Address	Nonparticipating Manufacturer Has a Qualified Escrow Account (Indicate if Known)		Number of Individual Cigarettes Sold in Kentucky
			Yes	No	

The Kentucky Revenue Cabinet mails a quarterly list of participating manufacturers to the wholesalers. If you need assistance, call (502) 564-6823.